

Case Number:	CM14-0092600		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2003
Decision Date:	09/16/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female injured on 06/23/2003 while attempting to move an ice cooler, tripped and fell, resulting in neck and low back pain with radiation to the right lower extremity. The injured worker underwent surgical intervention to include fusion at L5-S1 in May of 2011 with ongoing postoperative pain. Diagnoses include status post transforaminal lumbar fusion, moderate bilateral sensory nerve root dysfunction, small to moderate right paracentral/foraminal herniation at L3-4, and right foraminal stenosis at L5-S1. Clinical note dated 04/09/14 indicates the injured worker presented complaining of right sided low back pain with severe right leg pain. The injured worker continued to utilize back brace on a daily basis which was no longer functional. Physical examination revealed severe right leg limp with utilization of walker, inability to stand on toes and heels on the right, lumbar range of motion 10% in all planes, lower extremity strength 5/5 bilaterally, straight leg raising positive on the right, +1 Achilles reflexes and equal bilaterally, diminished sensation generally throughout the right lower extremity, tenderness over the right buttock to palpation. The documentation indicated medication management deferred to pain specialist. A list of current medications was not provided for review. Subsequent documentation does not discuss medication management or list medication regimen. Clinical note dated 01/13/14 indicates the injured worker utilizing Norco 10/325 mg 1 tablet 4-5 per day, Actiq 200 mcg daily, Duragesic patch 75 mcg every 72 hours, Topamax 15 mg 1 tab by mouth twice a day, Zanaflex 4 mg 1 tab by mouth four times a day, and Prilosec 20 mg one tab by mouth twice a day. The initial request for Norco, Duragesic, Topamax, and pain management follow ups for 3 months was non-certified on 05/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #135 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #135 with 2 refills cannot be established at this time.

Duragesic 75mcg #10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Duragesic 75mcg #10 with 2 refills cannot be established at this time.

Topamax 15mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs, Topiramate (Topamax, no generic available) Page(s): 20.

Decision rationale: As noted on page 21 of the Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The clinical documentation fails to reassess the efficacy of the medication and substantiate medical necessity. As such, the request for Topamax 15mg #60 with 2 refills cannot be considered as medically necessary.

Pain management follow-ups for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the CA MTUS, follow-up evaluations should occur no later than 1 week into the acute pain period. ACOEM indicates, at the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. There is no indication in the documentation that the injured worker has had a significant alteration in status, acute injury, or requires treatment out of the scope of the primary care provider. As such, the request for pain management follow-ups for 3 months cannot be considered as medically necessary.